# Annex A – Business Advisory Service Providers(BASP) - Prequalification application form

**(Complete by filling in the provided fields)**

1. **Applicants Profile**

|  |  |
| --- | --- |
| Applicants business Name |  |
| Postal address |  |
| Business Office Location |  |
| Telephone Contact |  |
| Email Address |  |
| Website link |  |

1. **Applicants Business Details**

|  |  |
| --- | --- |
| Nature of Business registration | *(Indicate if sole proprietor, Limited company, individual, partners etc.)* |
| List of Directors/Partners |  |
| Date of registration |  |
| List of Licenses obtained |  |
| Tax registration Number |  |

1. **Category application.** (Tick category(s) where applicant is making application for consideration).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Category Code** | **Category Service Name** | **Tick as applicable** |
| 1 | CL001 | Cooperative Business Facilitator |  |
| 2 | CL002 | Cooperative Equity and Taxation Facilitator |  |

1. **Applicants Technical Understanding**

|  |  |
| --- | --- |
| Category Code | Applicants understanding of the specific gaps/issues on operational management, cooperative governance, membership marketing and service delivery in Kenya Cooperative Sector/Cooperative Business Enterprises ( Provide a summarized brief of these Gaps) |
| CL001 |  |
| CL002 | Applicants understanding of the specific gaps/issues on financial management (auditing, taxation, and financial statements including the cash flow, income and balance sheet) in Kenya Cooperative Sector and Cooperative Business Enterprises ( Provide a summarized brief of these Gaps) |
|  |  |

1. **Team Composition and Qualifications**

The applicant should include the names, academic/professional qualification and relevant experience of the individuals proposed to provide services on each category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category applied | Name of Resource Person | Academic Qualification | Relevant Experience | Specific responsibilities. |
| CL001 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| CL002 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

NB: For each resource person listed above submit as an attachment, a complete and current resume for each proposed professional employee (not exceeding 3 pages each). The resumes should clearly describe the individuals’ education, experience, contacts, and professional credentials and be duly signed by the respective person.

1. **Organizational Specialized Competence.**

|  |  |
| --- | --- |
| *Category applied* | *Applicants to indicate specialized competence the organization or individual possesses with regard to the support of co-operative business enterprises on the categories applied for (the response should touch on competences on financial management, governance and management, cooperative equity, taxation and auditing, cooperative trainings etc.)* |
| CL001 |  |
|  |  |
| CL002 |  |
|  |  |

1. **Applicants Past Experience/Performance**

Applicant to list three service recipients directly supported in the last 5 years in each of the category applied for and relevant to the SOW. In the following format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category applied | Name of Service recipient | Area supported (Business service provided) | Location | Contacts |
| CL001 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| CL002 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Proposed Value Addition**

|  |  |
| --- | --- |
| *Category applied* | *Applicants to indicate proposed value addition if prequalified as BSP’s (Applicants should include additional aspects they deem relevant and effective that they seek to employ in order to better meet the desired objectives of assignments in the respective categories.)* |
| ***CL001*** |  |
| ***CL002*** |  |

1. **Fees Structure**

Indicate the daily rate fee for service categories applied in line with the SOW in the following format.

|  |  |  |
| --- | --- | --- |
| **Category applied** | **Daily rate per resource person. (8 Hour Day) in Kenya Shillings** | **Explanatory notes (Cost Justification)** |
| **CL001** |  |  |
|  |  |  |
|  |  |  |
| **CL002** |  |  |
|  |  |  |
|  |  |  |

*\*Fees amounts should not include transport and accommodation costs for the consultant while on filed travel from the Global Communities Nairobi office to designated training locations as this will be case specific and will be agreed upon at the point of engagement.*

*\* The above rates shall be inclusive of all applicable taxes, Global communities shall deduct and remit to KRA the applicable withholding taxes.*

*\* Global Communities shall only make payments upon completion, submission and approval by Global communities of the required deliverable.*

1. **Mandatory Attachments**

## The following documents must be attached to the prequalification application.

1. Certificate of registration/incorporation for firms.
2. Copies of identity documents for individual applicants
3. Copies of CVs for the technical staff duly signed.
4. A copy of KRA PIN certificate
5. Copies of any professional licenses and/or certifications obtained.
6. **Declaration of conflict of interest.**

In submitting this application, I confirm that I do not have any conflict of interest with relation to this application, I have neither solicited nor received from Global Communities or its staff any preferential information in relation to this procurement

Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_